

Form 1040	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return	2023	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
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For the year Jan. 1–Dec. 31, 2023, or other tax year beginning 2023, ending , 20 See separate instructions.

Your first name and middle initial LEOPOLDO		Last name NARANJO	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial BRIGIT I		Last name HENDRIX-NARANJO	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apt. no. [REDACTED]
City, town or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State CA	ZIP code [REDACTED]
Foreign country name [REDACTED]	Foreign province/state/county [REDACTED]	Foreign postal code [REDACTED]	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

Filing Status ☐ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
First name	Last name			Child tax credit	Credit for other dependents

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 44,157
	b Household employee wages not reported on Form(s) W-2	1b
	c Tip income not reported on line 1a (see instructions)	1c
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
	e Taxable dependent care benefits from Form 2441, line 26	1e
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h
	i Nontaxable combat pay election (see instructions)	1i
	z Add lines 1a through 1h	1z 44,157
	2a Tax-exempt interest	2a
	3a Qualified dividends	3a 44
	4a IRA distributions	4a
	5a Pensions and annuities	5a
	6a Soc. sec. ben.	6a 26,747
b Taxable interest	b	
Ordinary dividends	2b 868	
Taxable amount	3b 44	
Taxable amount	4b	
Taxable amount	5b 49,277	
Taxable amount	6b 22,735	
c If you elect to use the jump-sum election method, check here (see instructions)	7	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8 Other income from Schedule 1, line 10	8 3,880	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 120,961	
10 Adjustments to income from Schedule 1, line 26	10 2,430	
11 Subtract line 10 from line 9. This is your adjusted gross income	11 118,531	
12 Standard deduction or itemized deductions (from Schedule A)	12 46,718	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14 46,718	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 71,813	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

For (2023) **LEOPOLDO NARANJO & BRIGIT I HENDRIX-NARANJO**

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Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	8,173
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,173
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	4
21	Add lines 19 and 20	21	4
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,169
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	8,169

Payments

25	Federal income tax withheld from:	25d	9,886
a	Form(s) W-2	25a	9,372
b	Form(s) 1099	25b	514
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,886
26	2023 estimated tax payments and amount applied from 2022 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	9,886

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,717
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,717
b	Routing number	c	Type: ☒ Checking ☐ Savings
d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**

Designee's name **MARK A. STOCKDALE** Phone no. **916-372-7000** Personal identification number (PIN) **000000000**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
Phone no.	Email address		

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☒ Self-employed
MARK A. STOCKDALE	MARK A. STOCKDALE	04/04/24	000163699	

Paid

Firm's name	Firm's address	CA	5691-5031	Phone no.	916-372-7000
MARK A STOCKDALE CPA	2950 BEACON BLVD # 70	WEST SACRAMENTO	CA 95691-5031	Firm's EIN	000000000

Go to www.irs.gov/Form1040 for instructions and the latest information.

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